

Secretary of State

OFFICE OF SECRETARY OF STATE **CORPORATIONS DIVISION**

315 West Tower, #2 Martin Luther King, Jr. Drive Atlanta, Georgia 30334-1530 (404) 656-2817

Registered agent, officer, entity status information via the Internet http://www.georgiacorporations.org

CHAUNCEY R. NEWSOME Director

TRANSMITTAL INFORMATION GEORGIA VIDEO FRANCHISE AUTHORITY

IMPORTANT

Remember to include your e-mail address when completing this transmittal form.

Providing your e-mail address allows us to notify you via e-mail when we receive your filing and when we take action on your filing. Please enter your e-mail address on the line below. Thank you. VISIO

E-Mail: __ gdavis@atc.cc

AL-CALL, INC. Corporate Name (List exactly as it appears in articles)		
407 W. 11th St., Alma, GA 31510		
Corporate Mailing Address		
Greg Davis, President	(9	12) 632–3164
Name and Title of person filing franchise application (cer	rtificate will be mailed to this person, at address below)	Telephone Number
P. O. Box 2027		
Address		
47		31510
Alma .	GA	31310
City 3. Mail or deliver the following items to the	State	Zip Code
3. Mail or deliver the following items to the 1) This transmittal form 2) Original and one copy of the Ap	State	Zip Code ress: chise Authority

KAREN HANDEL Secretary of State

OFFICE OF SECRETARY OF STATE

Corporations Division
315 West Tower, #2 Martin Luther King, Jr. Drive
Atlanta, Georgia 30334
404-656-2817
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CHAUNCEY R. NEWSOME Director

APPLICATION FOR STATE-ISSUED CERTIFICATE OF FRANCHISE AUTHORITY

Personally appeared before me the undersigned being duly sworn according to law, and swears to the facts contained in this application. Pursuant to Georgia Code Section (O.C.G.A.)36-76-4, as amended, the undersigned hereby applies for authorization to provide cable service over a cable system as a cable service provider or video service over a video system as a video service provider in the State of Georgia:

(Please type or print clearly)

1.	The name of the applicant is AL-CALL, INC.	
2.	The principal place of busine 407 W. 11th St., Alma, GA	

3. The principal executive officers of the applicant are:

Name	Title	Address PO Box 2027
Teddy Solomon	CEO CEO	PO Box 2027 Alma, GA 31510

- 4. By submitting this application, the applicant agrees to comply will all applicable federal and state laws and regulations, including municipal and county ordinances and regulations regarding the placement and maintenance of facilities in the public right of way that are generally applicable to all users of the public right of way and specifically including O.C.G.A. Chapter 9 of Title 25, the 'Georgia Utility Facility Protection Act'.
- 5. By submitting this application the applicant agrees to pay to each affected local governing authority a franchise fee established by such local governing authority which shall not exceed the maximum percentage rate permitted in 47 U.S.C. Section 542(b) of the applicant's gross revenues received from the provision of cable service or video service to subscribers located within the service area. Such franchise fee shall be paid directly to each affected local governing authority within 30 days after the last day of each calendar quarter.
- 6. Pursuant to OC.G.A> 36-76-4©(2), the service areas are described below and/or on an attached map as follows: [If providing a coverage map(s), please label them "Exhibit A" on 8.5 by 11 paper size.]

Service Area Description:

City of Waycross Ware County

7.	Subscribers may make payment or return equipment in accordance with the subscriber agreement to the following locations of the applicant or its affiliates. 407 W. 11th St., Alma, GA 31510
	3349 Hwy. #84 E., Suite 104, Blackshear, GA 31516
8.	This applicant: A pas wire-line facilities located in the public right of way as
	of January 1, 2008.
	does not have wire-line facilities located in the public right of way as of January 1, 2008, and a description and certification of technical and financial capability is attached as required by O.C.G.A. 36-76-4 (c) (4).
9.	The applicant certifies that it is authorized to conduct business in the State of Georgia. [Applicant must provide a Certificate of Existence from the Corporations Division to be included with this application].
10.	This applicant certifies that it has sufficient financial resources and technical capability to provide service (does not apply to companies with existing wire line services as of January 1, 2008).
11.	The applicant certifies that the following counties and municipalities have been provided with a copy of this application pursuant to O.C.G.A 36-76-4 (a) and with notice to designate a franchise fee pursuant to O.C.G.A. 36-76-6.
	Waycross Name County
	Ware County
	Submitted this day of June in the year 2009.
th	and subscribed before me, this lay of _ June in the year 2009
	Signature of Officer/

Tample L'Enlaw

Notary Public | L'Enlaw

My Commission | L'Enlaw

My Co

My Commission expires

Notary Public, Becon County, Georgia
My Commission Expires June 19, 2009

Teddy Solomon, GEO Type or Print Name and Title

P.O. BCY 2027

407 W. 11th St, Alma6A Address 31510

912-632-3112

Telephone